

AMBULANCE REGISTRY MANAGEMENT SYSTEM (ARMS) ACCOUNT REQUEST FORM

- ▶ Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields below. The
- ▶ Service Desk will complete the request within two days from receiving the request.

Return to: Fax Number: 306-781-8480

Email: servicedesk@ehealthsask.ca

User Information

Type of request (check one):	New user	Change in user type	Remove
User's Full Name printed:		Work Phone #:	
Working Title:		Email Address:	
Organization Name:		Fax Number:	
Environment	Production		

Access Requested

User Level (check one):	ARMS User	Sask College of Paramedics Users	Administration
User Organization Data Permissions:	Acute Emergency Services Branch Sask College of Paramedics eHealth Saskatchewan		
Reporting Required:			

User's Agreement

General Agreement <ul style="list-style-type: none"> As a user of the system, I recognize the importance of securing personal health information. I agree to utilize the information included in the system for the purposes authorized by my Regional Executive Director or their designate. I recognize that the use of this data for unauthorized or unlawful purposes is strictly prohibited and is subject to prosecution by the Government of Saskatchewan or its agents. 	Workstation Security <ul style="list-style-type: none"> I agree to keep secure all data available to me in the system. I will not allow unauthorized users to access this information. I will keep private all passwords associated with the system. I have secured my workstation with a screen-saver password to assure security should I leave my machine for an extended period of time.
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Service Authorization

User's signature: _____		Date (mm/dd/yyyy)
I acknowledge that the subscriber is permitted access to the selected services.		Date access is required: Date (mm/dd/yyyy)
Manager's Information		
Name: _____ <div style="text-align: center; font-size: small;">(please print)</div>	_____ <div style="text-align: center; font-size: small;">Work Phone Number</div>	
Signature: _____		Date (mm/dd/yyyy)
Authorized Approver's Information		
Name: _____ <div style="text-align: center; font-size: small;">(please print)</div>	_____ <div style="text-align: center; font-size: small;">Work Phone Number</div>	
Signature: _____		Date (mm/dd/yyyy)
If you need the name of an authorized approver, please call the Service Desk 1-888-316-7446 (local 306-337-0600) The most recent version of this form can be downloaded at: http://www.ehealthsask.ca/forms		